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JUN 28 2004

OFFICIAL

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q66793

Hiroynki KARASAWA

Appln. No.: 09/988,373

Group Art Unit: 2878

Confirmation No.: 8362

Examiner: Thanh X. LUU

Filed: November 19, 2001

For: IMAGE PROCESSING APPARATUS

AMENDMENT UNDER 37 C.F.R. § 1.111

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 26, 2004, please amend the above-identified application as follows on the accompanying pages.

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AMENDMENTS TO THE SPECIFICATION	2
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07/09/2004 TSTEPTOE 00000006 194880 09988373

01 FC:1202 288.00 DA
02 FC:1201 344.00 DA

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EXCESS CLAIM FEE PAYMENT LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

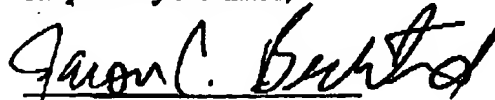
Sir:

An Amendment under 37 C.F.R. § 1.111 is attached hereto for concurrent filing in the above-identified application. The resulting excess claim fee has been calculated as shown below:

	After Amendment	Highest No. Previously Paid For					
All Claims	36	20	=	16	X	\$18.00	= \$288.00
Independent	7	3	=	4	X	\$86.00	= \$344.00
TOTAL							= \$632.00

Please charge the statutory fee of \$632.00 to Deposit Account No. 19-4880. The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. A duplicate copy of this letter is enclosed.

Respectfully submitted,



Jason C. Beckstead
Registration No. 48,232

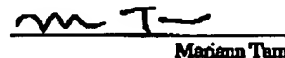
SUGHRUE MION, PLLC
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MOUNTAIN VIEW OFFICE
23493
CUSTOMER NUMBER

Date: June 28, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this EXCESS CLAIM FEE PAYMENT LETTER is being facsimile transmitted to the U.S. Patent and Trademark Office this 28th day of June, 2004.



Mariann Tam

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Serial Number
09/988373

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 36	Minus ** 20	= 16
Independent	* 7	Minus *** 3	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	288
X43=		OR	X86=	344
+145=		OR	+290=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.